THIS ISSUE

Adoption of the New 2001 Billing Codes and Fee Schedule Changes

TO:

All Providers
Self-Insured Employers

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Purpose:

This *Provider Bulletin* notifies providers and self-insurers of the department's adoption of the new 2001 CPT and HCPCS billing codes, and of coverage decisions and payment policies for new codes.

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I. Adoption of New 2001 Coding Changes Effective January 1, 2001

Acceptance and Coverage of New 2001 Billing Codes

On January 1, 2001 the department adopted the annual coding changes made by:

- The American Medical Association (AMA) in their revision of the Physician's Current Procedural Terminology (CPT) coding system (HCPCS level I codes);
- The federal Health Care Financing Administration (HCFA) in their revision of the HCFA Common Procedure Coding System (HCPCS level II codes).

Acceptance of these codes means that the department will recognize and accept the new codes on bills, and will no longer recognize and accept the deleted codes that are listed in the above publications after March 31, 2001 (see description of grace period on the next page). The new 2001 CPT and HCPCS codes should be used to bill for services provided on or after January 1, 2001.

Coverage of the new codes is determined by the department on an individual code basis, and is subject to WAC 296-20-010 which states in part:

> "The adoption of these codes on an annual basis is designed to reduce the administrative burden on providers and lead to more accurate reporting of services. However, the inclusion of a service, product or supply within these new codes does not necessarily imply coverage, reimbursement or endorsement, by the department or self-insurer. The department will make coverage and reimbursement decisions for these codes on an individual basis.
>
> If there are any services, procedures or narrative text contained in the new HCPCS level I and II codes that conflict with the medical aid rules or fee schedules, the department's rules and policies take precedence."

Refer to Appendix A at the end of this bulletin for a list of the new codes, anesthesia bases, fees and payment indicators.

Please note: The codes listed in this update, in the Appendices, and in the *Medical Aid Rules and Fee Schedules* contain only partial CPT and HCPCS code descriptions. Providers are responsible for billing according to the complete code descriptions and narrative text printed in the new 2001 CPT and HCPCS. Copies of these books may be purchased through various commercial publishers. CPT books may also be purchased directly from the American Medical Association. Providers and self-insurers must refer to these books to determine the appropriate code(s) for billing and payment purposes.

Changes to Anesthesia CPT and ASA Codes

The AMA added two new CPT Codes for 2001 whose descriptions conflict with ASA Codes 01951 and 01952 that the department used for anesthesia for nerve blocks. Following are the new CPT and ASA Codes with the updated descriptions.

CPT Code	Description	Base Units
01951	Anesth, burns, < 1% TBSA	3
01952	Anesth, burns, 1-9% TBSA	5

ASA Code	Description	Base Units
01961	Anesth, nerve blocks	3
01962	Anesth, nerve blocks, prone	5

The AMA also added a new anesthesia add-on code 01953,. This code should be used in conjunction with 01952.

CPT Code	Description	Non-Facility Fee	Facility Fee
01953	Anesth, burns, each addl 9%	$39.00	$39.00

Effective January 1, 2001, CPT Code 01996 no longer has base units assigned. This code will be paid with a maximum fee.

CPT Code	Description	Non-Facility Fee	Facility Fee
01996	Manage daily drug therapy	$45.66	$45.66

Changes to Surgical CPT Codes

The AMA revised language for CPT Codes 63040 and 63042 making them single level laminotomies. It also added two add-on CPT Codes, 63043 and 63044 to report additional levels. There are currently no RVU's for these procedures so the department decided to pay them at 50% of the base procedure's rate. This payment method is consistent with how these services were paid when additional levels were billed with CPT Codes 63040 and 63042.

CPT Code	Description	Non-Facility Fee	Facility Fee
63043	Laminotomy, Addl cervical	$913.63	$913.63
63044	Laminotomy, Addl lumbar	$849.38	$849.38

The department will review this payment policy when HCFA establishes RVU's for the codes.

Deleted Codes and Grace Period

Appendix C at the end of this bulletin contains a list of deleted CPT and HCPCS codes. For dates of service up to and including March 31, 2001, the department will continue to accept bills containing those codes and

modifiers that have been deleted in the 2001 CPT and HCPCS books. Services billed with deleted codes and modifiers on or after April 1, 2001 will be denied.

Existing Codes and Fees

The department reviewed the RVU's established by HCFA in November 1999 for CPT injection codes 62310, 62311, 62318 and 62319. The department decided to accept the RVU's recommended by the AMA's Relative Value Update Committee (RUC) retroactively to July 1, 2000. Those recommendations were higher for the following codes while CPT Code 62319's vaues remained the same. The table below contains the updated fees.

CPT Code	Description	Non-Facility Fee	Facility Fee
62310	Inject spine c/t	$265.47	$129.44
62311	Inject spine l/s	$265.47	$107.32
62318	Inject spine c/t, w/cath	$276.77	$139.80

Please, **do not** submit requests for adjustment to the State Fund. Adjustments were made to all bills for these services performed after July 1, 2000. Adjustment requests should be submitted to Self-Insurers.

The fees for all other unchanged existing codes will remain as listed in the July 1, 2000 *Medical Aid Rules and Fee Schedules*, even if an existing code has a description change in January 2001. During the grace period, there may be two valid codes with very similar descriptions. Providers should use the code with the description that most closely matches the service provided.

New, Revised or Deleted Local Codes

The table below lists local codes that have been created, revised or deleted since July 1, 2000.

Code	Description	Fee	Status	Effective Date
0423A	Claimant – Unlisted stimulator/accessories/service	By report	Deleted	12/31/00
1188M	LTD Telephone Conference – each 15 min	$36.91	Deleted	12/31/00